Surveillance, Prevention and Control of Infection

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Evolution of JCAHO Infection Control Initiatives

- Agenda for Change – 1994
  - Systems approach
- IOM Report – To Err Is Human –1999
- Safety & Error Reduction Standards – July 2001
- Review of Current IC Standards – 2001
- Sentinel Event Alert (Jan – 2003)
  - Encourage reporting of Sentinel Events where suspected cause is Healthcare Associated Infections
- Formation of IC Expert Panel –2003
- Modified Survey Process for 2004

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Why the Renewed Focus on Infection Prevention and Control

- Loss of lives and productivity
- Continuing Reports on magnitude of problem
- Announcement of new CDC Guidelines
- Additional environmental issues
  - Scarce resources (e.g. funds, staff)
  - Sick population in hospital
  - Multi-site treatment of episode of care
  - Emphasis on safety (risk reduction strategies)
  - Increased sophistication of IM systems

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Expert Panel

- APIC
- SHEA
- A C P
- ADA
- AHA
- AMA
- ANA
- APHA
- ASHRM
- ASHE
- ASHSP
- ASM
- CAP
- CBIC
- CDC
- IDSA
- IV NA
- PIDS

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Process of the Re-write

- Questionnaire to Expert Panel 1/03
- Principles 4/03
- Draft standards 4/03
- Field Review 7/03
- Standing Committees
- Expert Panel input throughout
- Surveyor training 2004
- Implementation January 2005

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Infection Control Principles

- Structured Process
- Planned and focused based on needs of organization, National guidelines
- Designated trained and qualified individual(s)
- Adequate resources and staff
- IC integrated into Patient Safety and Quality Improvement
- Responsive to changing environment

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Goal Of An Effective IC Program

- Reduce risk of acquisition and transmission of health care associated infections (HAIs)
  - Major component of patient safety
  - Ongoing assessments
  - Epidemiological approach
  - Effective implementation of prevention practices
  - Education and collaboration
  - Integration with community

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Other Chapters Related to Infection Control

- Management of Environment of Care
- Management of Human Resources
- Improving Organization Performance
- Leadership

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IC Organization

- IC program and its components
  - IC.1.10 – 1C.6.10
- Structure and Resources
  - IC .7.10 – IC.9.10

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Standard IC.1.10

- Challenging standard in HAP, AHC
- Risk of development of a Health Care Associated Infection (HAI) is minimized through an organization-wide IC program.
  - Implementation of organizationwide IC program
  - Individuals/positions with authority are identified.
  - Integration of all applicable organizational components/functions

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Standard IC.1.10 cont'd

- Risk of development of a Health Care Associated Infection (HAI) is minimized through an organization-wide IC program.
  - Communication systems
  - Reporting systems
    - Within organization
    - Federal, state and local public health
    - Accrediting bodies
    - ***Referring or receiving organizations when transfer/referral with an HAI not known at transfer (new 2005)***

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Standard IC.1.10 cont'd

- Risk of development of a Health Care Associated Infection (HAI) is minimized through an organization-wide IC program.
  - Outbreak investigation systems
  - Policies and procedures
  - Written IC plan
    - Description of prioritized risks
    - Statement of goals
    - Description of strategies to minimize risk
    - Evaluation plan of strategies

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Standard IC.2.10

- IC program identifies risks for acquisition and transmission of infectious agents on an ongoing basis.
  - Risk analysis
    - Geography, environment, services provided, and characteristics of population served,
    - Analysis of organization's infection prevention and control data, and
    - Care, treatment, and services provided
  - Reviewed annually or with significant changes

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Standard IC.2.10 cont'd

- IC program identifies risks for acquisition and transmission of infectious agents on an ongoing basis.
  - Surveillance activities are used to identify risks pertaining to
    - Patients
    - LIPs, staff, volunteers, and student/trainees
    - Visitors and families, as warranted,

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Standard IC.3.10

- Based on risks, organization establishes priorities and sets goals for preventing development of HAIs within organization.
  - Priorities/goals are based on identified risks
  - Goals include, but not limited to:
    - Limiting unprotected exposure
    - Enhancement of hand hygiene
    - Minimizing risk associated with procedures, medical equipment, and medical devices

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Standard IC.4.10

- Challenging standard for AHC
- Challenging standard for Army
- Once organization has prioritized its goals, strategies must be implemented to achieve those goals
  - Interventions incorporate relevant guidelines
  - *An organization wide hand-hygiene program (NPSG)*
  - Methods to reduce risk associated with procedures, medical equipment and medical devices
    - Storage, cleaning, disinfection, sterilization, and/or disposal of supplies and equipment,
    - Appropriate reuse of single use equipment (when appropriate) and
    - Use personal protective equipment.

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Standard IC.4.10 cont'd

- Once organization has prioritized its goals, strategies must be implemented to achieve those goals
  - Implementation of applicable precautions
  - Screening for exposure and/or immunity
  - Referral of those identified as potentially having an infectious disease or risk of infectious disease that may put the population they serve at risk.

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Standard IC.4.10 cont'd

- Once organization has prioritized its goals, strategies must be implemented to achieve those goals
  - Post exposure referral/treatment
  - *Risks associated with animals brought into the organization (new 2005)*

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Standard IC.5.10

- IC program evaluates effectiveness of IC interventions and, as necessary, redesigns IC interventions.
  - Evaluates and revises goals and program (or portions of the program) at least annually and whenever, risks are significantly changed
  - Evaluation addresses
    - Scope of IC program
    - Results of IC program risk analysis
    - Emerging and reemerging problems
    - Success/failure of interventions

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Standard IC.5.10 cont'd

- IC program evaluates effectiveness of IC interventions and, as necessary, redesigns the IC interventions.
  - Evaluates and revises goals and program (or portions of the program) at least annually and whenever, risks are significantly changed
  - Evaluation addresses (cont'd)
    - Concerns raised by leadership and others within organization
    - Evolution of relevant guidelines.

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Standard IC.6.10

- Prepare to respond to infection control emergencies such as epidemics or large-scale infections
  - New standard for 2005
  - Requires preparedness to respond to expanded care capabilities
  - Addresses extended periods of time

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Standard IC.6.10 cont'd

- As part of emergency management, organization prepares to respond to an influx or risk of an influx, of infectious patients.
  - Plan for response to influx and ongoing influx over extended period of time
  - Organization planning includes:
    - Keeping abreast of current information
    - Dissemination of critical information
    - Identifying resources in community

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Standard IC.7.10

- IC program is managed effectively
  - Assigned responsibility
    - Number
    - Competency
    - Skill mix
  - Qualified individual (s) determined by:
    - Risks in care treatment and services
    - Patient population
    - Complexity of activities

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Standard IC.7.10 cont'd

- IC program is managed effectively
  - Individual (s)
    - Coordinates all infection prevention and control within organization
    - Facilitates ongoing monitoring of effectiveness of activities and interventions.

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Standard IC.8.10

- Representatives from relevant components/functions within organization collaborate to direct implementation of IC program.
  - Ongoing collaboration
    - Leadership
    - Medical staff
    - Direct and indirect care staff
    - Others as appropriate
  - Development of component's/function's role/strategies

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Standard IC.8.10 cont'd

- Representatives from relevant components/functions within organization collaborate to direct implementation of IC program.
  - Assessment of adequacy of resources
  - Assessment of success/failure of key processes, and
  - Review/revision as warranted to improve outcomes

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Standard IC.9.10

- Organization leaders allocate adequate resources for IC program.
  - *Effectiveness reviewed on an ongoing basis; findings reported to integrated patient safety program annually*
  - Adequate systems to access information
  - Adequate laboratory support
  - Adequate equipment and supplies

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Helpful References

- www.jcaho.org
- www.jcaho.org
- www.cdc.gov
- www.apic.org/
- www.shea-online.org
- www.idsociety.org

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Infection Control

- Involves patients, employees, physicians, other LIPs, contract staff, volunteers, students, visitors
- System-wide integrated process cutting across all programs, services, and settings
- Processes for this PFA
  - Surveillance/identification
  - Prevention and control
  - Reporting
  - Measurement

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Infection Control Systems Tracers

- Objectives
  - Identify strengths and risk points in IC program
  - Determine actions necessary to address identified risks
  - Assess degree of compliance with standards
  - ID infection control issues requiring further exploration

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Example Hospital Survey – Day 2

Time	Physician	Nurse
8:00 – 8:30 a.m.	Daily Briefing	
8:30 – 9:00 a.m.	Individual Tracer Activity	System Tracer – Data Use
9:00 – 9:30 a.m.		
9:30 – 10:00 a.m.		Individual Tracer Activity
10:00 – 10:30 a.m.		
10:30 – 11:00 a.m.		
11:00 – 11:30 a.m.		
11:30 – 12:00 p.m.		
12:00 – 12:30 p.m.	Surveyor Lunch	
12:30 – 1:00 p.m.	Surveyor Team Meeting / Planning Session	
1:00 – 1:30 p.m.	Individual Tracer Activity	**System Tracer - Infection Control**
1:30 – 2:00 p.m.		
2:00 – 2:30 p.m.		Individual Tracer Activity
2:30 – 3:00 p.m.	System Tracer – Medication Management	
3:00 – 3:30 p.m.		
3:30 – 4:00 p.m.	Special Issue Resolution	
4:00 – 4:30 p.m.	Surveyor Team Meeting / Planning Session	

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Infection Control System Tracer Guidelines

- Begins in care area/service setting
- Movement to other setting as applicable to IC processes
- Observe staff and discuss IC practices
- Group meeting with individuals responsible for IC program
  - Identify potential risk points
  - Gain better understanding of IC system

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Infection Control System Tracer Guidelines

- Discussion drawn from all survey activities
- Issues addressed
  - How individuals with infections are identified
  - Current and past surveillance activity (within last 24 months)
  - Type of analysis conducted on IC data

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Infection Control System Tracer Guidelines

- Issues addressed
  - Reporting IC data – frequency and audience
  - Prevention and control activities
  - Physical facility changes that impact on IC
  - Actions taken as result of surveillance data and outcomes of those actions

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Infection Control System Tracer Guidelines

- Discussion can focus on
  - Individuals/patients already included in IC surveillance and reporting activities
  - Other scenarios/patients
    - Fever of unknown origin
    - Post-op infections
    - New antibiotics order
    - Isolation due to infectious process
    - Isolation due to immunocompromised condition
    - Recent changes in physical facilities that have impact on infection control

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Questions?

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